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INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01687

1683 CER	HIFICATE	OF DEA	Reg. D	ist. No
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	SED
COUNTY CAROLINE	MARYLAND	STATE MARYL	AND COUNTY (	AROLINE
CITY (If outside corporate limits, write RURAL OR and give negron town)	LENGTH OF STAY (in this place)	CITY (Il outside compore	te limits, write RURAL and give	nearest town)
TOWN	Zivis	X TOWN 1)ET	NTON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Q	STREET ADDRESS	(W rural give location	on)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) ANNA S	ABANDA B	REED ING	DEATH FEE	3 15 ,59
5. SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED, D. (Specify)	RIED, 8. DATE OF	47, 1874 °.	AGE last birthdey IF UNI	DER 1 YEAR IF UNDER 24 HRS.  5 Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life favor il retirod)	IND OF BUSINESS	11. BIRTHPLACE (State or loreign	country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	IOPPU	14. MOTHER'S MAIDEN NA		GLAS
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	+ CICIC Y	1 ST. INFORMANT & AD		G-T-14-2
(Yes, no dr mk.) (If Yas, give war or datas of service)	16. SOCIAL SECURITY NO.	Mrs Mas	K) fignuitt	Deutow, ku
	16. MEDICAL CER	TIFICATION	A	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		vascular Ren	nal Disease	ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, (B)	Genera	al Arteriosc	Lerosis	
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.	Chronic l	Myocarditis		
19a, DATE OF OPERATION 19b, MAJOR FINDING	S OF OPERATION			20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Ho- OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	me, farm, factory, 2 , office bldg., atc.)	ic. WHERE DID INJURY OCCUR?	(City or town) (C	ounty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21	e. INJURY OCCURRED hile Not while work at work	THE HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the dec	eased from Mar. 10			t 1 last saw the deceased
alive on Feb. 15 19 59 an	d that death occurred at-	11:304, from the car	uses and on the date sta	ated above.
Oliverse H Stones	ifer M.D.	Greensbo		Feb. 17'59
23 BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cou	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE FEB 2 4 59 Coting & House	LA.	W Lyck her	over for	perston, Ld.
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# CERTIFICATE OF DEATH

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE	. 18
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CERTIFICATE OF DEATH

01688

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Caroline **b.** COUNTY MARYLAND Delaware Sussex CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 1 day Bridgeville - Rural d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 314 Greenridge Road Near Atlanta YES TO NO 3. NAME OF DECEASED Middle Britton 4. DATE William Harvey 10 59 Pebruary (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days Male Hours White WIDOWED T DIVORCED | 79 yrs. January 13, 1880 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Wilmington. Delaware Retired Farmer U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Britton Kiziah Talley IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT No None Mrs. J. Thomas Mills. Federalsburg. Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: CORONARY ARTERY SCLEROSIS, DIFFUSE, ADVANCED, HRS. IMMEDIATE CAUSE (o). MYOCARDIAL FAILURE. TERMINAL. DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE. DIFFUSE. YRS. Conditions, if ony, which ADVANCED. gove rise to immediate DUE TO couse (o), stating the under-SENILITY (SENILE STATE) lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1103-119, WAS AUTOPSY CERTIFICATION PERFORMED? AORTIC ANEURISM. ARCH. ARTERIOSCLEROTIC YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) foctory, street, affice bldg., etc.1 Hour a.m. While Not while et work of work 10/24/52 2/22/59 21. I certify that I attended the deceased from. and that death accurred at 3:30 PM, from the causes and an the date stated above. alive on... ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL BRIDGEVILLE, DELAWARE SIGNATUR

PHYSICIAN'S NAME (Type) H. BECKERT, M.D.

BRIDGEVILLE, DELAWARE

DATE FFR 2 7 '59

arthur S. Hours

77d. LOCATION (City, town, or county) Federalsburg, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Hill Crest Cemetery Feb. 25, 1959 23. FUNERAL DIRECTOR'S SIGNATURE Son, Federal Spuris, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



VS A15 (4)

15M 10/57

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CERTIFICATE OF DEATH

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	ARCTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, the force has been signed by the attended by the person papers. Pages 1 and 2 should be filed with prior to buriel, crematian, or remaval, and in any event within 72 hours other death.	
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		100	00	CERTITIO	AIL OI	DEAT			Reg. Dist	No.	
	PLACE OF DEATH	roline		MARYLAND	2. USUAL F	esidence (Wary		d lived. If instituti b. COUNTY	-	before od line	mission)
	RURAL and give ne	foutside corporate limi arest town) calsburg -	_	Life	c. CITY			prote limits, write R	URAL and gi	re nearest l	lown)
		AL (If not in hospitel, of Near Ameri	give street oc	(dress)	d. STREE	T ADDRESS		ean Corne	r	0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Fii He <b>rr</b> i		Middle Jefferson	) Co	lost onlev	4. DATE OF DEATH	Mon		Day 2	Yeor 19 59
	SEX	6. COLOR OR RACE		D NEVER MARRIED	B. DATE OF B		0.5	9. AGE (In years lost birthday)	IF UNDER 1		NDER 24 HR
-	ale	White	WIDOWED		1	12, 18		10 yrs.			
196	during most of work	ing life, even if retired	done 10b, Ki	IND OF BUSINESS OR INDI				Maryland		EN OF WI	HAT COUNTI
13.	FATHER'S NAME	4		1.STM		R'S MAIDEN I	1	- dr y Lann		anana	
	E. Fran	ncis Conley	V			llie Bu					
15. (Ye	s, na or unknown)	IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT	***************************************		Add			
	No		2	18-34-9251	Mrs. Da	aisy F.	Conle	ey, Feder	alsbur	g, Mo	RFD.
	100	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	000	for (o), (b), and (c).]	ns K	lynde	one_				L BETWEEN
	Conditions, if or		One	to two to	certle	lock				3.	wks
	gove rise to in cause (o), stating t lying couse lost.		art	triosclerol	Er He	inst,	Dia.	are		5	yra
ICATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS <u>CO</u>	NTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURR	ED. (Enter natu	e of injury in	Part I or For	t II of item 18.)			
MEDICAL	20c. TIME OF INJUR' Hour a.m. p.m.	Y Month, Doy, Ye	ar 20d, INJ While at work	Not white fi	LACE OF INJUI	Y (Home, forn ffice bldg., etc	n, 20f. (City	or lown)	(Co	unty	(State
	21. I certify the	at I attended the	deceased	from $3/59$				n the causes a			
	ACTUAL SIGNATURE	Have (	30	unnun	M.D	Prent		treet, city or town,		بد	BATE SIGN
	PHYSICIAN'S NAME (Type)	Dr. H	B.	Flammen	er j	Prus	lon	mo	7 		Data (Data on more on ay in
220	BURIAL, CREMATION REMOVAL (Specify) BUT181	Feb.5, 1		22c. NAME OF CEMETERY C				tion (city, town, o	3.4	yland	Stote)
23.	FUNERAL DIRECTOR	s signature om and Son	, Fede	ralsburg, Mar	yland	24a, REC	D BY REGIST		STRAR'S SIGN		

may be reference To FUNERAL R VS A15 (4) 1SM 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

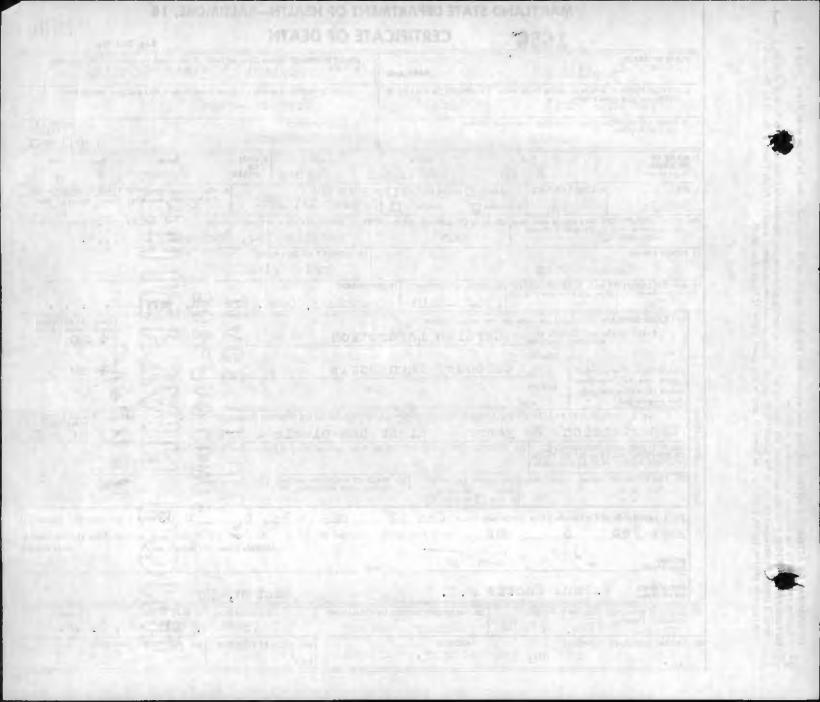
CERTIFICATE OF DEATH

01690

1686 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Garoline Maryland b. COUNTY Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give necrest town) Trifa Preston - Rural d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Harmony Harmony YES NO X NAME OF Middle First 4. DATE Month Doy Year February 19 59 (Type or print) Bessie Washington Haynes DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost highday) March 11, 1893 Female WIDOWED D DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home Caroline Co. Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Friend Thomas Green 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Corenia M. Cook, Preston, Maryland, R.F.D. 219-05-8810 No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Cardiac Infarction 4 mo Coronary Thrambosis Conditions, if ony, which ! 4 m0 gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Hypertensi on 20 hemiplegia years Right YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc.) Hour o.m. Not while of work at work 21. I certify that I attended the deceased from Jan 20 1929, to Feb 5 19 50 that I last saw the deceased . 1959 and that death occurred at 4:15P M, from the causes and an the date stated above. alive on Feb ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) E. Paul Knotts M. D. Dent on, Md 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) REMOVAL (Specify) Feb. 9. 1959 Harmony Cemetery Preston, Maryland, R.F.D. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE J.J. Framptom and Son. Federalsburg, Maryland arthur S. Frank

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CERTIFICATE OF DEAT	ľH

Reg. Dist. No.

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y the	TOR: /	detach	a buri	
Q P	REC	d be	prior	
e rer	ERAD	3 shau	yistrar	
may b	TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and camp	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paper	the registrar priar to burial, cremation, ar removal, and in any event within 72-hours after death,	
	415	(4)		

	16	7.25	CERTIFIC	AH	E OF DEATH	1		Reg. D	ist. No	. L	001
1. PLACE OF DEATH o. COUNTY	Caroline	-	MARYLAND	- 11	USUAL RESIDENCE (Who a. STATE Mary)		d lived. If institution b. COUNTY		rol		sign)
b. CITY OR TOWN RURAL and give Dent		its, write	5 months	,	c. CITY OR TOWN (IF o		Rural	URAL and	give ne	arest taw	n)
OR INSTITUTION	PITAL (If not in hospital, and leaves and leaves Road	give street	oddress)		A. STREET ADDRESS	nony				ON /	SIDENCE FARM? NO-
3. NAME OF DECEASED (Type or print)	Will		Middle Henry		Hicks	4. DATE OF DEATH	Feb	* ruarj	De	3	Yeor 19 <sup>59</sup>
5. SEX Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	-1	ate of Birth pt. 15, 18	79	9. AGE (In years lost birthday)	Months		Haurs	ER 24 HFS. Min.
100. USUAL OCCUPA during most of w Retired	orking life, even it reliced	done 10b.	KIND OF BUSINESS OR INC	USTRY	Dorchester			- 1	U.S		COUNTRY
13. FATHER'S NAME Un	known			14	Unknowi	_					
15. WAS DECEASEDE (Yes, no. of unknown)	VER IN U. S. ARMED FOR	ervice)			Mant Nina Harri	ington	, Delmar		L., 1	R.F.	D.
	EATH (Enter only one or EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Only, which)	B	rouchite	0	is General	alz	rul,			ERVAL BE	
gove rise to couse (a), statin lying couse los	g the under: OUE TO		postates	6	house				1	2 4	n
ICATIC	THER SIGNIFICANT CON		CONTRIBUTING TO DEATH B	IT NOT			E CONDITION GIV	EN IN PA	RT 1(0)	PERFC	AUTOPSY ORMED?
	TY MEDICAL EXAMINER) URY Month, Doy, Ye	While	NJURY OCCURRED 20e.  Not while  t of work	PLACE (	OF INJURY (Home, form, street, office bldg., etc.	20f. (City	or town)		(County)		(State)
21. I certify alive on	that I attended the	deceas , 19_5		th occ	, 19.58, to 74. curred of 10;161		n the causes of treet, city or town,	nd an		te state	
PHYSICIAN'S NAME (Type)			e, M.D.			enton					
Burial	reb. 6,		Union Grove				Preston			nd (Stat	e)
J.J. Fram		, Fed	eralsburg, Ma	ryl	and DATE B	BY REGIST 1 1 '59		TRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A15 (4 15M 9/55

MINISTAND STATE CHARTMANT OF HEALTH BALTIMORY, 10 MTARGRO STADRINGO 101 party and the Continue of the 

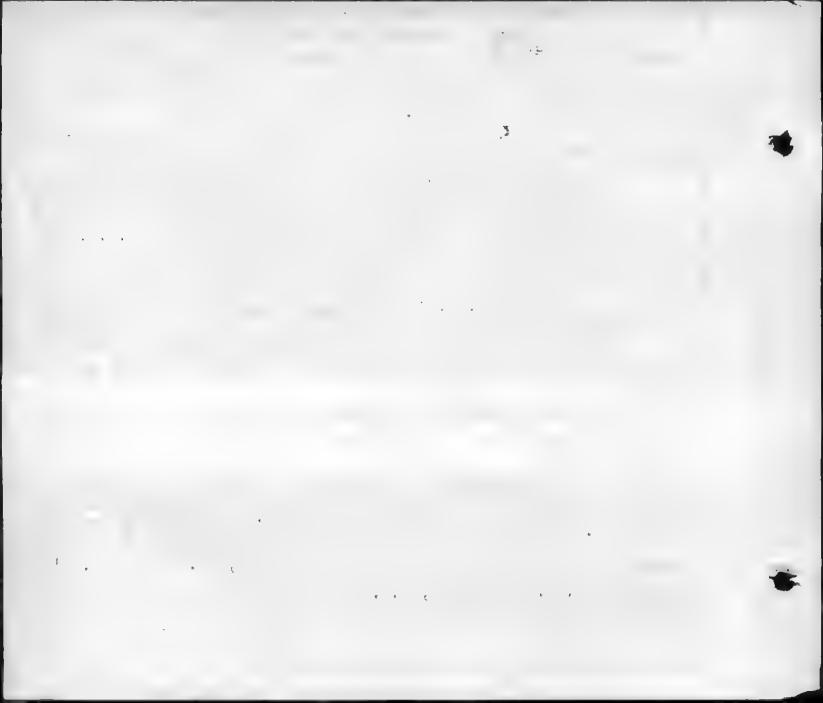
VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH-BA	ALTIMORE,	18

688	CERTIFICATE	OF DEATH

01692

	-							MARI MINI	. 140.	
1 PLACE OF DEATH b. COUNTY	C2		MARYLANG	- 11	USUAL RESIDENCE (V	_	ed lived If instituti b. COUNTY			·
L CITY OF TOUGH	Carol					yland			oline	
RURAL and give ne	f outside corporate limi earest lown)	Is, write	c. LENGTH OF STAY IN 11	•	c. CITY OR TOWN (II	f outside corp	profe limits, write f	URAL and giv	re nearest to	own)
Rural G	oldsboro		38 Yrs.		Rural	Golds	boro			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g None		oddress)		d. STREET ADDRESS	None			e. IS I Ob YES-	RESIDENCE NA FARM?
3. NAME OF	Fir	st	Middle	*	Lost	4. DATE	Mor	oth.	Day	Year
DECEASED (Type or print)	Linda		V		tson	OF DEATH	2		10	19 59
S. SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED	] B. D	ATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
Female	White	WIDOWE	D DIVORCED	7	/30/1920		38 yrs	Months D	Yayı Hou	irs Min.
On USUAL OCCUPATIO	ON (Give kind of work of	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY		te or foreign o		12. CITIZ	EN OF WH	IAT COUNTRY?
durous'ewi	ring life, even if retired		None		Maryla			U.	S.A.	
13 FATHER'S NAME				1.	MOTHER'S MAIDEN					
	Bates Smi	t-h			Rhoda	France				
S WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO TIT	INFO		<u> </u>	Add	ress		
[Yes no. or unknown]	(If yes, give war or dates of H	BLAHCO)		_		_				
No. I			20-12-145 <b>1</b>	0	seph Hut	son 3	ural Go	ldsbo		<u>.</u>
			e for (a), (b), and (c).]						INTERVAL	BETWEEN ND DEATH
PART I DEA	TH WAS CAUSED BY-	, F	lydronephro	sia	& Pyone	phros	is (bil	atera.	1)	
171x	DUE TO									
Conditions, if a	av which )	, I	letastatic	Ohs	truction	റെ ീ	ower an	d of		
gave rise to in	mmediate	9	reters				01102 022	w 01		
cause (a), stating t	the under: DUE TO	-		A 4	les seemed					
lying cause lost	) (c		arcihoma o						1	
PAIT II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH 8	ION TUI	RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PART I	I(o) 19 WA	REORMED?
3										□ NO □
PART II. OTH	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	RIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in	n Pari I or Pa	rt II of item 18.)			
	MEDICAL EXAMINER									
	Y Month, Day, Yes			PLACE	OF INJURY (Home, for	rm, 20f (Cit	y or town)	(Co	unty)	(State)
Nour o.m. E p.m.	19	While of work	Not while	ractary	street, office bldg , e	HC.)				
					F0 7	1 . 2	<u> </u>			
			ed from June 1		_, 19 <u>58_</u> to F	ep. T	<u> </u>	,that I la	ist saw th	ne deceased
alive on	eb. 10	, 19_	29, and that dea	ith ac	curred at	M, frai	m the causes o	and an the	date sta	ated above
	11	-	•			ADDRESS (5	ireel, city or town,	stote)		DATE SIGNED
ACTUAL SIGNATURE	11000 H	4	neoseles		Green	sboro	. Md.	•	Feh. 1	11 159
SIGNATURE	acones 1	~		-40,12			2		KON ST	b-b-,-27
PHYSICIAN'S NAME (Type)	Chas. H.	Stor	nesifer, M.	D.	1 mm mm mm any any ma ma man any any any any any any any					
270 BURIAL, CREMATIO			22c. NAME OF CEMETERY	OR CR	EMATORY	22d LOCA	TION (City, town,	or county)	t5	lote)
Bremound Specify)	2/13/59	9	Greensbore				ensboro			
3 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24- 85	C'D 8Y REGIS		STRAR'S SIGN	<u> </u>	
4/0 15		, 4	0		Sur A			SIKAR S SIGN	MIUKE	
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VS A15 (4) 15M 9/55 M

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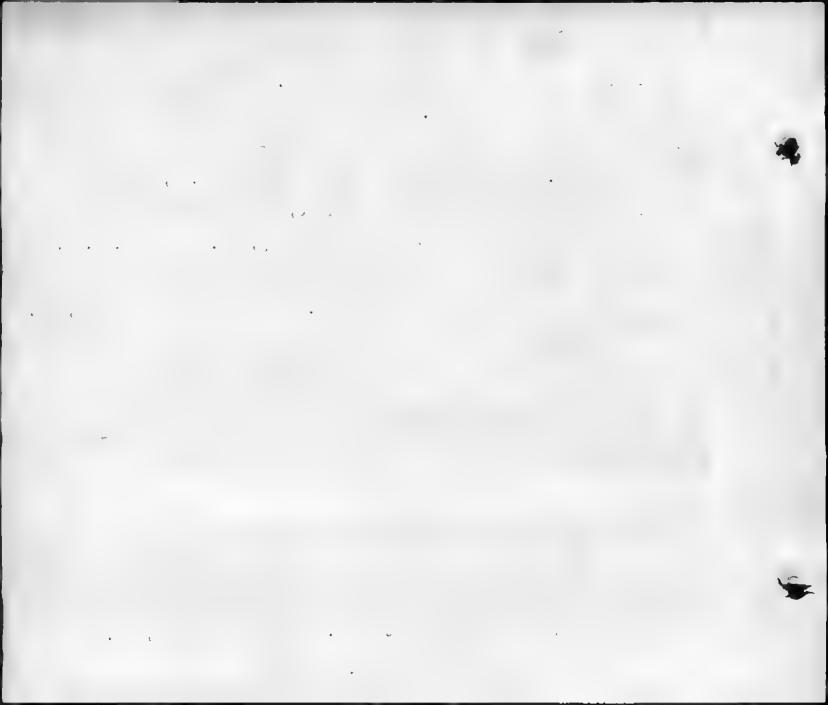
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01693

1689 CERTIFICATE OF DEATH

Reg. Dist. No. 64

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	Care 1	ine		MARYL	11	2. USUAL RESID	DENCE (Who	ere decensed	lived. If institution b. COUNTY			
	CITY OR TOWN (	f outside corporate fimi	ts, write	c. LENGTH OF STAY IN	и 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
RURAL ond give negrest fown)  Federalsburg 6 mo. × Feder												
-		AL (If not in hospital, g	ive street			d STREET A					e. IS	RESIDENCE N A FARM?
<b>W</b>	illoughb	y Nursing	Hon	ae		<i></i>	rur	al				ONO.
3.	NAME OF DECEASED	Fir	st	Middle		Los		4. DATE OF	Mon	th	Day	Year
(	Type ar print)	Mary E. M						DEATH	Feb. 5	I959		19
5. S	EX	6. COLOR OR RACE	7. MARR	HED 🔣 NEVER MARRIED	B.	DATE OF BIRTH	1		9. AGE (In years last birthday)	Months D	YEAR IF UI	
	female	white	WIDOWE			April	I.	I886	72 70.			
10a	. USUAL OCCUPATION during most of work	ON (Give kind of wark a ung life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (State i	or foreign co	ountry)	12. CITIZ	EN OF WI	IAT COUNTRY?
1		none	P	nousewife				ry, l	Id.	U	. S.	A
13.	FATHER'S NAME	. ~				14 MOTHER'S						
ļ.,		rd Lyons	csco li	SOCIAL SECURITY NO.	17 60	Aman	da F	isher				
	. no, or unknown)	K IN U. 3. AKMED PUK (If yes, give wor or dates of t		SOCIAL SECURITY NO.					Add			
	no			ne	Ha	rvey H	Ma,	c Mar	on Fed	lerils		
		TH [Enter only one co TH WAS CAUSED BY:	iuse per lin	of for (a). (b), and (c) ]	. , ,	(O.01	31.0.		,		ONSET_A	BETWEEN ND DEATH
	11001	IMMEDIATE CAUSE (o		0101147	4	<u> </u>	Lea	Lacia			2	W/W
	AP 85.4 10	DUE TO	Po.	ro Levalt	2/0	minni	1010	= 21			19	14
	Conditions, if a gave rise to i	mmediate (		1	- 1 -	^	1/92	_ C /4	migrage	CL		
	couse (a), staling lying cause last.	the under-	. The	nevalis	id.	ari	81100	closs	20		7	
z		FER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	'EN IN PART I	(a) 19. W	AS AUTOPSY
ICATION											PEI	FORMED?
CERTIF	200 ACCIDENT WAS OR CONTRIBUTING	S UNDERLYING DEATH MEDICAL EXAMINER;	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture o	f injury in P	ort Lar Part	Il of item 18 )			
CAL	20c. TIME OF INJUR	Y Month, Doy, Yes	or 20d. It		Oe PLAC	E OF INJURY (	Home, farm,	20f (City	or town)	(Co	unty)	(State)
MEDI	Haur e.m.	19	White at wor	Not while	rocto	ry, street, office	bidg., etc.	1				
	21. I certify th	at Lattended the	deceas	ed from Make	V. 2	8. 1938	.to 2	4.5	19.09	that I la	st saw t	ne deceosed
	alive an	43	a 19.2			occurred ot	1:30 6	M. from	the couses o			
	,	1 10 1	/	7					reet, city of town,			DATE SIGNED
	ACTUAL SIGNATURE	1. E. KO	2	non	M.	.D	fl	deve	ulslung	Ime	/	
	PHYSICIAN'S NAME (Type)	V.E.Z.	ONI	VON		7	ede	rals	sturg	1/10	12	-6-59
220	BURIAL CREMATIC	N, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCAT	10h (City town,	or county)	(5	itole)
	REMOVAL (Specify)	2/8/59		Hillcre	st	Cem.		Fede	ralsbur	ce. Má	1.	
23.	FUNERAL DIRECTOR	SEGNATURE		ADDRESS			24a. REC'E	D BY REGIST		STRAR'S SIGN	ATURE	
5	Harry	Williams	YFe	deralsbur	ø. 1	мд	DATEER	9 '59	Cus	was it	LLUA .	
-												



TO DEPUTY WESICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If ony delay execute the fiftcote, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funda should be firwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

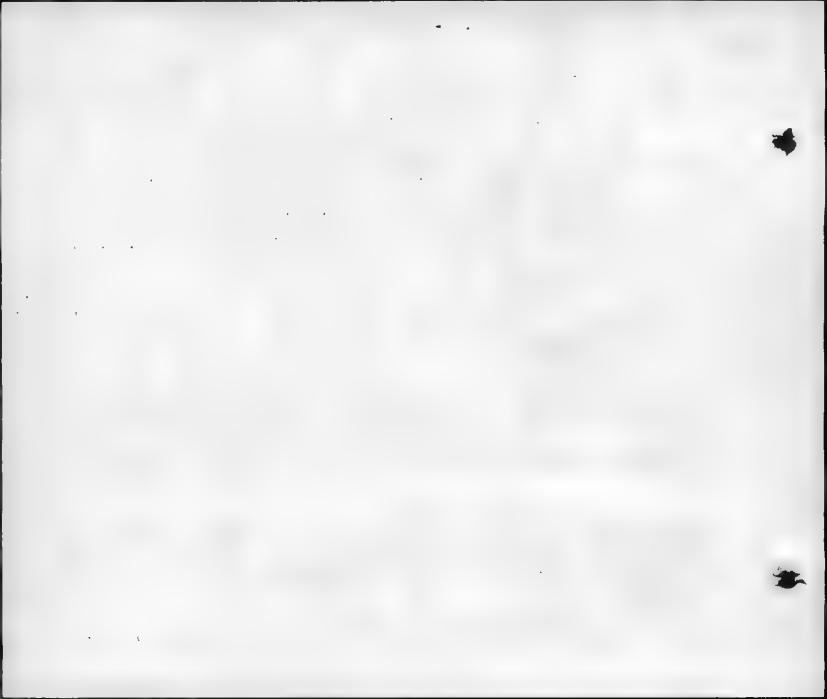
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01694

1690 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 64

		PLACE OF DEATH   COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
		Caroline		MARYLAND	a. STATE intory	a state inary Land b county Carcline						
	lo	CITY OR TOWN [Il outside corporate I mits, write and give nearest town]	RURAL	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (1	c. CITY OR TOWN (If outside corporate I mils, write RURAL and give nearest town)						
		Feder_lsburg		35 vrs.		Federals	abu .					
	-	L NAME OF HOSPITAL OR INSTITUTION (	I not in hos	priof, give street address)	d STREET ADDRESS		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ta. IS RESIDENCE				
					Rí	ver Road	1	YES NO				
		NAME OF Firs		Middle	Lost	4. DATE	Month	Day Yeor				
		DECEASED Type or print)	scar	В.	McLain	OF DEATH	reb.	1 19 59				
	5. S	EX 6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years   IF UNDER	IYEAR IF UNDER 24 HES				
		Male White	WIDOWED	DIVORCED [	Sept. 22,	1906	Chdoy) Months Months	Doys Hours Min.				
	10o	USUAL OCCUPATION (Give kind of work d	ione 10b K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole			ZEN OF WHAT COUNTRY?				
5	,	uring most of working life, even if retired)		Carpenter	Mary 1	U.	S. A.					
1	13	FATHER S NAME			14 MOTHER'S MAIDEN	NAME		**				
Ι		John B. McLain			Joda Le	wis						
	15.	WAS DECEASED EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO 17	INFORMANT	- +	Address	D.				
	,	no no	(arrice)		Norman LeI	a. n	Federals	burg, R. F.				
		18. CAUSE OF DEATH [Enter only one coun	se per line l	for (o), (b), and (c).	- +			INTERVAL BETWEEN				
		PART I. DEATH WAS CAUSED BY:		aleuni	Erm. ac	.7.		ONSET AND DEATH				
		DUE TO				1		7				
		Conditions, if ony, which) (b)	6	LCottobe 2	man Ed	velienie.		Sucresul into				
		gove rise to immediate couse OUE TO		~~		-		-				
		cause lost. (c).		Tuplec	- Herry			12-477-				
	3	PART II. OTHER SIGNIFICANT COND	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED?				
3	3							YES NO				
	CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	b DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of injusy in Par	t I or Pari II of Hem	18.)					
		CAUSE OF DEATH.	~									
	MEDICAL	70c TIME OF INJURY Month, Day, Yeo Hour a.m.	r 20d II White		ACE OF INJURY (Home, form Pory, street, office bldg., etc.	20f (City or lown	(Cou	inty) (State)				
	¥E	p m, 19	of wo	rk ot work								
		21. I certify that I took charge	of the r	emains described ab	ove, held an Autops	y 🔲, Inspecti	ion 🔀 Inquir	y 🔼 ond in my				
		opinion death resulted from: N	Natural c	auses 💢, Accident	, Suicide ,	Hamicide 🔲,	Undetermined r	nonner 🗍				
		ACTUAL //	-	7				DATE SIGNED				
4		SIGNATURE DULLETOIL	4-1	60146	M.D. CHIEF MEDICAL EX	_		DATE SIGNED				
şζ		EXAMINER'S	1		ASSISTANT MEDIC			2-4-59				
	00	NAME (Type) () A (1/5 () A	7-1/t	G-0015K	DEPUTY MEDICAL		w new wearings	E				
	210	BURIAL CREMATION 226, DATE THEREO	50	MAME OF CEMETERY O			T, rown, or county)	(Slote)				
	23	FUNERAL DIRECTOR'S SIGNATURE	42 00	ADDRESS		Federa	me Mandelin Agran	11.7 .				
1		2		7	mal -		24b. REGISTRAR'S SIG	NATURE				
		Town with my more	wer.	Jakerakal.	DATE !	EB 9 '59		· · · · · · · · · · · · · · · · · · ·				



regis(fer within 72 hours after death, After this by the funeral director, the third copy of, this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01695

# 1691 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEASE	POLITALE
COUNTY ( NOCULI VI	MARYLAND	STATE / ITTO TE	HTV 1) COUNTY (3/10	MIDLENE
CITY (If autsida corporate lignits, write RURAL	LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL and give nee	rest town)
OR and give gearest lown	(in this place)	OR TOWN	1-1-	
1,12,0	Lese.	1/5-1	0 / 0 /-	
HOSPITAL OX INSTITUTION OR	1	STREET ADDRESS	(if rural give location)	
STREET ADDRESS	(	2 ROOKESS		
3. NAME OF . (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Yaar)
TELEASED / 1 - 1 1 0 T.	15 N	ICHOLS	OF to	5 C- 1-9
(Type or Print) R/JT/J/JANJA	16 11	TI M CIES	DEATH /- E 12.	6-1 190
S. SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED, D	RIED, 8. DATE	OF BIRTH 9.	AGE last birthday   IF UNDER	
RACE WIDOWED, D	WORCED, COM	19 18 8 4 1	74 Months	Days Hours Min.
1 10 Co-cel	023601901	/// / / / / / /	/ 7 yrs.	
10a. USUAL OCCUPATION' (Give kind of work dona during most of working life, avan if	IND OF BUSINESS	11. BIRTHPLACE (State or foreign	1 country	COUNTRY?
retired his wal wife	come_	Meery.	& and	( 5 3 A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	L'C		-	13
1) and 10	- ECAL	1 Ofte	2.a - 1 au	40-2-
	16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS	r - h
(Yas, no, or unk.) [If Yas, give war or dates of service]		Mina Kothin	Marion (B)	In. 1. D
	18. MEDICAL CE	Juro (900)	Kode D. Aletic	12,426
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		RTIFICATION		ONSET AND DEATH
e s	fi 1. olina	O I dans	6.201	8 A 1440 -
/ IMMEDIATE CAUSE (A)	C. UN RICHLA	Turaner	may	o a ways
ANTECEDENT CAUSE(S) DUE TO	M/ h			1011
DISEASES OR CONDITIONS, IF ANY, (B)	Hy pen	ensou		3 7m
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	/ //			
(0)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
19a. DATE OF OPERATION   19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
The state of the s	3 OF OFERNION			YES NO
214 ACCIDENT WAS UNDERLYING THE 216 PLACE (Ho	me, farm, factory,	21c. WHERE DID INJURY OCCUR	(Cou	
OR CONTRIBUTING TO CAUSE OF DEATH   OF INJURY street	, offica bldg., atc.)	ZIE. WIERE DID HATORI OCCOR!	(City of lowin) (Cod	mal faratel
(IF EITHER, NOTIFY MEDICAL EXAMINER)	- hitting of Company			
	a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	•	
	work   al work			
22. I hereby certify that I attended the dec	eased from 2 - 7	0 1054 107-	28 1059 4	Inch court ha document
alive on	d that death occurred a			
SIGNATURE /	12 -0	ADDR	ESS (Streat, city, town, state)	DATE SIGNED
Lellezasi Cil	eorgemo.	Herr	we mo	3-7-59
23. BURIAL, CREMATION, I PATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or count	(State)
REMOVAL (SPECIFY)	9 0		(h ti	10
1 Kerral Mar 5, 173		100	prestore-	Kid
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	Œ /	25. PUNERAL DIRECTOR'S S	IGNATURE	ADDRESS
DATE MAD A '59 OUT P. 45	A	1 hack	Mison Don	Theten
	051			7



### MARYLAND STATE DEPARTMENT OF HEALTH-BAL 01696 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence bero COUNTY AROLINE b. COUNTY MARYLAND b. CITY OR JOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town) RURAY ONC (Sive-negresi-leren) d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle DATE Day Month Yeor filled DECEASED DEATH (Type or print) 19. 5. SEX 6. COLOR OR RACE AGE (In years last birthdoy) 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours WIDOWED F DIVORCED T yrs. 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY [1] BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME OWNE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY: much IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour e. n. While Not while of work of work 21. I certify that I attended the deceased fram. 19.3. Z., that I last saw the deceased alive on, and that death occurred at 10% \_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S HOSPITAL NAME (Type) 0 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county (Stote) REMOVAL (Specify) m a 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S 15M 9/55



01697

602	CERTIFICATE	OF	DEATH
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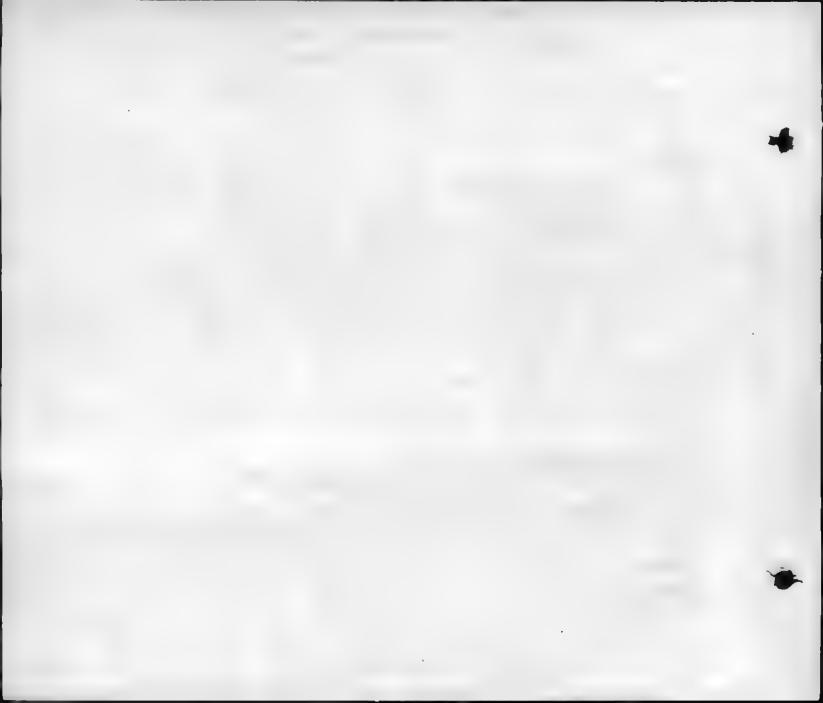
1	1805	CERTIFICA	AIE OF BEATH	Reg. Dist. No.
/	o. COUNTY aroline	MARYLAND	2. USUAL RESIDENCE (Where deceased in STATE Maryland	ived. If institution: Residence before admission) b. COUNTY Caroline
	b. CITY OR TOWN (If outside corporate limits, write RURAL and ave nearest town) Federals out	4 years	c. CITY OR TOWN (If outside corporo  K Federalsburg	te limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street or institution 305 Park Avenu	eet oddress) LC	7d. STREET ADDRESS 305 Park Avenue	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Frank	Middle	Ricketts 4. DATE OF DEATH	February 4 19 59
	5. SEX 6. COLOR OR RACE 7. MA	ARRIED TO NEVER MARRIED		AGE (In years   IF UNDER I YEAR IF UNDER 24 HRS   lost birthday)   Months   Days   Hours   Man
	Male Negro wido	WED DIVORCED	September 1,1880	78 yrs. Months Days Hours Min.
	100 USLAL OCCUPATION (Give kind of work done it during most of working life, even if retired)  netired Engine Wiper i	b. KIND OF BUSINESS OR INDUS In Merchant Mari	ne Philadelphia,	
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
	Unknown		Martha Ricketts	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes no or unknown, (II yes give war or date of service)		edeline Ricketts, Fe	Address ederalsburg, Maryland
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause lost.  (c)	arterios. Ceneraliza	dear Faile levaling / Len	onset and death  of Diese 20 yr  or 30 yr.
)	PART II OTHER SIGNIFICANT CONDITION  20g ACCIDENT WAS UNDERLYING 20b D  OR CONTRIBLTING CAUSE OF DEATH  If FEITHER, NOTIFY MEDICAL EXAMINER]			CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 200 DO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		) (Enter nature of injury in Part I or Part II	
	Hour a.m. Wh		ACE OF INJURY Home, farm, 20f. (City of tary, street, affice bldg., etc.)	r town) (County) {State}
	ACTUAL SIGNATURE / / / /		accurred at 11:30PM, from	the causes and on the date stated above of, city or town, state)  Ag dele 1 40 2-9-59
		nell	Federalbur	2, Md.
	Page 195 Peb. 9, 195	9 Federal Hill		on (C ty. town, or county) (State) ralsburg, Maryland
	J.J.Framptom and Son, Fed	ADDRESS deralsburg, Mary	land DATE EB 1 6 '59	AR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be rely this by the haspital or attending physician.

TO FUNERAL AICTOR: After this certificate has been signed by the attending physician and completely filled in a fine funeral director, page 3 shauld be detached for use as the burial-transit permit. Then pleam remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, at remayal, and in any event within 72 haurs, after death.

M

VS A15 (4) 15M 9/55



# ssary, please fector. Page your files. d of Hedth TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is execute the fitter, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funer 4 should be Xrworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15ME 5M 2.157

FOR S	TATE
HEALTH	DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1694 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01698 Reg. Dist. No.

•	caroline maryland				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Caroline							ssion)		
	b, Cit	fewat teamen avia ba	usburg - Ri		c. LENGTH OF STATE	Y IN 1b	c. CITY OR	100-0	outside col	porete limits, wri	te FURAL or	nd give ne	earest lo	wn)
7			u og institution (i gurg – Denti			ess)	d. STREET ADDRESS 310 Park Avenue  on a FARM- yes on No [X							
		ASED or print)	James	ţ	Middle Rudolph	and advantage	Rickett		4. DATE OF DEATH	l'ebru		Doy 25		9 59
1	5. SEX		6. COLOR OR RACE	7. MARRIE					L	9. AGE (In years	TIFUNDE	R TYEAR	IF UND	ER 24 HRS
,	Ma.	le	Negro	WIDOWED			October		1924	34 yrs	Months i.	Doys	Hours	Мп
	10a, U\$I during	Day Lab	N (G've kind of work of the place)  OPER	1 -	anning Fa			_	_	country) Marylar		TIZEN OF		COUNTRY
	13. FAT	HER'S NAME					14. MOTHER'S	MAIDEN N	IAME					-
			e Turner				Ida	Mae R	icket	ts				
	You 20, 0	S DECEASED EVE or unknown) OS	R IN U. S. ARMED FOI	intrice)	18-16-9320		FORMANT	02	1.3 77	Addre ederalsb		Mary]		
	18. Co go: (a)	FART I. DEAT  FART I. DEAT  And the control of the	iote couse	se per line s	or (o), (b), and (c). Junst C	lust	- (si	Lein	al (	nguie	1	ONS!!	AND DE	ATH PLUM
		EXTERNAL CAU MARY Dor CON USE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJURY OCCU	JRRED (En	ter noture of in	jury in Port	Lor Peri i	of item 18)		Y	ES []	NON
	MEDIC	Hour p. m.	Month, Day, Year  2-2519  at I took charge	59 of wor	k at work	High	e, held an	bldg., etc.	Ru	y or lown)  Lifette  Inspection IX	alolay !	Cow iry (X).	luce	(Store)  (Store)  d in my
,			resulted fram: 1			ident [	2 \/	grading.	lamicide	-	termined	, inch	general participation of the same of the s	,
	AC SIG	TUAL SNATURE	auson D	Tes	rge		, ACD.	IEDICAL EX	5-4	,			DATE S	
		AMINER'S	Dawson O. (	eorge	, M.D.			MEDICAL E		,		2	-1	5-57
			March 2,	+ <u> </u>	Federal			ry		TION (City, Town			nd	e)
	23. FUN J.	J Frampt	s signature Son	Fede	ralsburg,	Mary	land		BY REGIS		SISTRAR'S S		E	
											13.464	المالم الأكرا	7-Th-1	



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NSTRUCTIONS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1695 CERTIFICATE OF DEATH

01699

Reg. Dist. No.....

	I. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Caroline MARYLAND	STATE Meany Land COUNTY Care line
	CITY (If outside corporate limits, write RURAL LENGTH OF, STAY OR and give nearest town) [In this place]	CITY (if outside corporate limits, write RURAL end give neerest fown) OR
	TOWN ( evitor like	TOWN Kasal Contori
pi"	HOSPITAL OR	STREET (If rurel give location)
_	INSTITUTION OR STREET ADDRESS	ADDRESS
,	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
N.	(Type or Print) EMMA LOUTCE THO	SMP SON DEATH ZEET 16. 1959
	5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF	
	RACE WIDOWED, DIVORCED,	9 19 15 24 4 yrs. Months Deys Hours Min.
	W Litabries SAIT	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
	done during most of working life, even if OR INDUSTRY	Tares Ca ( country)
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	R al 1 le han 13/1	Sind I II I I I I I I I I I I I I I I I I
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	with yell ( ) were the
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS
		librillable The laster to france, learn
1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
3	1 MMEDIATE CAUSE IA) Cancer O	The Intestant 6 mos
	ANTECEDENT CAUSEIS) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, (B)	
	STATING UNDERLYING CAUSE LAST. DUE TO	
	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
1		YES NO
	21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, affice bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	MANUAL BIR INITIAN OCCUPA
	While Not while	21f. HOW DID INJURY OCCUR?
	D. A.	7 [] 11. 11 []
	n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19.5.7., to fill film, 19.5.4, that I last saw the deceased
	alive on, 19, and that death occurred at	ADDRESS (Street, city, town, stele)  DATE SIGNED
ŏ	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	An to 1110 21/7/69
1.55	23. BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETERY OR	CREMATORY   LOGATION (City, town, or county) / (State)
A15C	REMOVAL (SPECIFY)	10 40
Z A	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	FEB 2 4 '59	fill as theorester guta lus
	DATE	The state of the s



VS A15C 1-55 10M

**INSTRUCTIONS** 

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1696 CERTIFICATE OF DEATH

21790

	KAR DIST. HO
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECRASED
COUNTY CATELINE MARYLAND	STATE Many and COUNTY and we
CITY (If outside corporate limits, write RURAL CITY (In this plece)  OR and two pearett town)  TOWN  LENGTH OF STAY (In this plece)	City (H outside corporate fimits, write RURAL and give necrest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural true location)
3. NAME OF DECEASED ANNA ELIZABETH	LEM URNER 4. DATE (Month) (Dey) (Year) OF DEATH TEB / 19 59
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) (Specify)	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HR. 25 1875 9. AGE lest birthdey Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of serking life, even if retired) 2	11. BIRZHPLACE (Stele or foreign country)  (cary and Country)  12. CITIZEN OF WHAT COUNTRY)
13. FATHER'S NAME Dook Tweer	14. MOTHER'S MAIDEN NAME Tatrican
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give wer or detes of service)	Tyro Gertrude Cannon, Kidgely
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	c Nyocarditis
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) arteri	asaleratic Carliobascular
STATING UNDERLYING CAUSE LAST, DUE TO	A
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISFASE OR CONDITION CAUSING DEATH.  199. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) If EITHER, NOTIFY MEDICAL EXAMINER)	Cic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work	2H. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	O., 19.58., to Fr. J. I., 19.59., that I last saw the deceased
alive on Fig. 1, 1929 and that death occurred at	0:301.M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, lown, stele) DATE SIGNED
Milks Hoyolesufet M.O.	Preensboro, Noryland Feb. 3159
23. BURIAL, CREMATION, PATE THEREOF NAME OF CHETERY OR	CREMATORY LOCATION (City, town, or county) (State)
24' REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	1 25. PUNERAL DIRECTOR'S SIGNATURE
	House Vicencia Vanta
DATE FEB 6 '59	1 Mary account of the



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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 1697

Reg. Dist. No. 17() 1

1. PLACE OF DEATH						yland	ed lived. If instituti b. COUNTY			sion)		
b. CITY OR TOWN RURAL and give n		write	c. LENGTH OF STAY IN 16	c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X  Federalsburg							
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give Walkertown	street o	oddress)	/d. STREET A		ertown	l		e. IS RESIDENCE ON A FARM? YES NO X			
3. NAME OF DECEASED (Type or print)	First Lola		Middle Helen	White		4. DATE OF DEATE	Mor Fe	bruary	20y 10	Yeor 19 59		
5. SEX Female		- MARRI	DIVORCED	8. DATE OF BIRT		1887	9. AGE (In years lost birthday) yrs.	Months Doys		ER 24 HRS.		
10o. USUAL OCCUPATI during most of wor HOUSEWO:	rking life, even it refired)		KIND OF BUSINESS OR INC Home		line	Co., 1	laryland	12. CITIZEN	S.A.	COUNTRY		
	el Alford			1		llen b	hirphy					
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17.	INFORMANT	. (411			reis				
(Yes, no or unknown) No	(If yes, give wor or dotes of servi	2	19-07-6147	Mrs. Geor	rge I	senhov	ver, Seaf	ord, Del	aware	9		
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	the under DUE TO (c)  HER SIGNIFICANT COND		ONTRIBUTING TO DEATH BI					VEN IN PART 1(0)	PERFO	AUTOPSY DRMED?		
Y 20c. TIME OF INJUING Hour o.m.	RY Month, Day, Year 19	20d. IN While of work	Not while_	PLACE OF INJURY ( foctory, street, office	Home, for a bldg., e	rm. 20f. (Cit	y or town)	(Count	r)	(Stote)		
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Frank M. Ar  Freb. 14. 1	195	9 and that dea	M.D. F	eder	alsbur	Dove	and an the distore)	ate stat	ed abavi		
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS ralsburg, Mar			C'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNAT				

TO HOSPITAL OR may be red TO FUNERA VS A15 (4) 15M 9/55

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	igned by	permit.	istran prior to burial, cremotion, or removal, and in one event within 72 hours after death.	-
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(q p)	SEC	ld be a	prior t	
Lie	RA	shau	Stron	

1. PLACE OF DEATH

OR INSTITUTION

a. COUNTY

NAME OF

S. SEX

DECEASED

(Type or print)

13. FATHER'S NAME

No

lying cause last.

220. BURIAL, CREMATION,

Male

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1698 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. county roline Caroline MARYLAND Md. b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) RURAL and give nearest lawn)
Preston lone Preston d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES A NO First Middle 4. DATE Last Month Day Year Edward Orland DEATH Feb. Wright 19 5 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 4 Months Days WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer Maryland 14. MOTHER'S MAIDEN NAME Wm. James Wright Mary Estella Hawes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 217-36-0057 Clara Preston Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the under-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

YES NO D 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature all njury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work 21. I certify that I attended the deceased from. \_\_\_\_, 19.5 Z, that I last saw the deceased alive on and that death accurred at .M, from the causes and an the date stated above. ADDRESS (Street) city or town, state) DATE, SIGNED

22c. NAME OF CEMETERY OR CREMATORY

ACTUAL PHYSICIAN'S NAME (Type)

Burial Feb. 23. FUNERAL DIRECTOR'S SIGNATURE

Preston 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

(State)

TURNER

22d. LOCATION (City, town, or county)

0 15M 9/55